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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kristin M. Lundy et al.

Examiner: Dwayne Jones

Serial No: 09/518,408

Art Unit: 1614

Filed: March 3, 2000

Docket: 15696 (PC10487A)

For: METHODS FOR TREATING
AGE-RELATED BEHAVIORAL
DISORDERS IN COMPANION
ANIMALS

Dated: August 17, 2004

Confirmation No.: 7372

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.113


Sir:

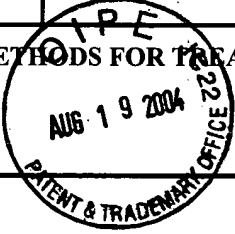

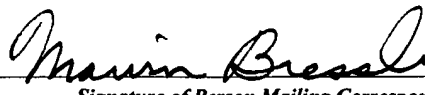
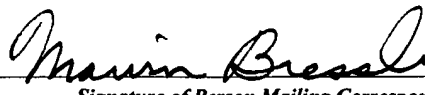
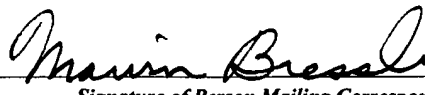
In response to the Official Action dated June 7, 2004, applicants submit
herewith a Terminal Disclaimer.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450, on August 17, 2004.

Dated: August 17, 2004


Marvin Bressler

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 15696(PC10487A)							
Applicant(s): Kristin M. Lundy et al.											
Application No. 09/518,408	Filing Date March 3, 2000	Examiner D. Jones	Customer No. 23389	Group Art Unit 1614	Confirmation No. 7372						
Invention: METHODS FOR TREATING AGE-RELATED BEHAVIORAL DISORDERS IN COMPANION ANIMALS											
											
COMMISSIONER FOR PATENTS:											
Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED											
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE						
TOTAL CLAIMS	22 -	45 =	0 x	\$18.00	\$0.00						
INDEP. CLAIMS	7 -	9 =	0 x	\$86.00	\$0.00						
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00						
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.											
 Signature			Dated: August 17, 2004								
Marvin Bressler Registration No. 25,132 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 516-742-4343			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this document and fee is being deposited on 08/17/04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Marvin Bressler Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I certify that this document and fee is being deposited on 08/17/04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		 Signature of Person Mailing Correspondence		Marvin Bressler Typed or Printed Name of Person Mailing Correspondence	
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